## FILED

## UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF MISSISSIPPI

APPLICATION TO PROCEED IN FORMA PAUPERIS
BY A PRISONER

NOV 2 9 2010

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Thomas Edwin Loden Jr.			PETITIONER
v.			NO. 1: 10CV 311-V
Christopher Epps, Commission Jim Hood, Atturney Gunera	ner (		RESPONDENTS
I, Thomas Edwin Loden Tr KBIZL, de of my request to proceed without payment of fees ur proceedings or give security therefor and that I am entit	nder 28 U.S.	C. §1915, I declare that I am	
In support of this application, I answer the following q	uestions unde	r penalty of perjury:	
1. Are you currently incarcerated? Yes X No	(If *No	DO NOT USE THIS FORM	)
If "Yes" state the place of your incarceration	1551551 PD	1 State Pen.	-
2. Are you currently employed? Yes No			
a. If the answer is "Yes" state the amount of your p		Ά	
b. If the answer is "No" state the date of your last and the name and address of your last employer			
3. In the past twelve months have you received any me	oney from any	y of the following sources?	
a. Business, profession or other self-employment	Yes	No 🙏	
b. Rent payments, interest or dividends	Yes	No X	
c. Pensions, annuities or life insurance payments	Yes	No 🗶	
d. Disability or workers compensation payments	Yes	No 💢	
e. Gifts or inheritances	Yes	No X	
f. Any other sources	Yes 🙏	No	
If the answer to any of the above is "Yes" describe past twelve months. (Attach an additional sheet if			
Approx 15000 per neth/160000 pe	r year	· · · · · · · · · · · · · · · · · · ·	
4. Do you own any cash or have money in a checking Yes No TEL		ecount (including funds in prise	on accounts)
If "Yes" state the total amount, \$ 104,00 Oct	01':		

5. Do you own any real estate, stocks, bonds, notes, securities, other financial instruments, automobiles or other valuable property or assets (excluding ordinary household furnishings and clothing)? Yes No X
If the answer is yes, describe the property and state its approximate value.
6. List the persons who are dependent upon you for support; state your relationship to those persons; and indicate how much you contribute toward their support.
I understand that a false statement or answer to any question in this declaration will subject me to the penalties for perjury and I declare that this information is true and correct.  Signed this the 22 dd day of Oct , 20 to .
Signature of Applicant
TO BE COMPLETED BY APPLICANT
AUTHORIZATION FOR RELEASE INSTITUTIONAL ACCOUNT INFORMATION AND PAYMENT OF THE FILING FEE
I, Thomas Edwin Loden To K-8126 hereby direct and (Name of Applicant) (Register Number) authorize the custodian of my immate account to provide the Clerk of the United States District Court for the Northern District of Mississippi information from my prison immate institutional account, including all balances, deposits, and withdrawals. The custodian of my immate account may also provide the Clerk of Court information from the past 6 months and in the future until the full filling fee is paid. I also authorize custodian of my immate account to withdraw funds from my account and to send the payments to the Clerk of Court, in accordance with 28 United States Code § 1915 (as amended).
(Date) (Sagnature of Applicant)
CERTIFICATE
(Prisoner Accounts Only) TO COMPLETED BY AUTHORIZED OFFICER
I certify that the applicant named herein has the sum of \$ 49.16 on account to his credit at the Mescale for the frame institution where he is confined. I further certify that the applicant has the following securities to his credit according to the records of said institution:
I further certify that during the last six months applicant's average monthly balance was \$ 134.00  I further certify that during the last six months applicant's average monthly deposit was \$ 100.00
Signature of Authorized Officer of Institution